



MISSOURI DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
LICENSING SECTION

CHANGE OF SURETY RECOVERY AGENT STATUS

P.O. BOX 690 or
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES
JEFFERSON CITY, MISSOURI 65102
TELEPHONE: (573) 751-3518

THIS FORM MAY BE DUPLICATED

INSTRUCTIONS

PLEASE TYPE OR PRINT IN INK.

ENCLOSE A \$10 FEE IF YOU WANT A LICENSE SHOWING THE CHANGES INDICATED BELOW. FEE MAY BE PAID BY CHECK OR MONEY ORDER, MADE PAYABLE TO DIFP - INSURANCE. ☐ CHECK BOX IF YOU ARE ENCLOSING THE \$10 FEE.

SOCIAL SECURITY/LICENSE NUMBER	LEGAL LAST NAME	FIRST NAME	MIDDLE NAME	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr.
CURRENT E-MAIL ADDRESS (PLEASE PRINT CLEARLY)				

☐ **CHANGE OF ADDRESS** (Notification required within 30 days of change)

NEW RESIDENCE ADDRESS (Required)				
STREET ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE)	CITY	STATE	ZIP	HOME PHONE NUMBER

NEW BUSINESS ADDRESS (Required)				
STREET ADDRESS	CITY	STATE	ZIP	BUSINESS PHONE NUMBER

NEW MAILING ADDRESS (Optional)				
STREET ADDRESS/P.O. BOX	CITY	STATE	ZIP	

☐ **CHANGE OF NAME** (Please Attach Documentation)

PREVIOUS NAME
NEW NAME

ORIGINAL SIGNATURE OF SURETY RECOVERY AGENT (REQUIRED FOR ALL ABOVE CHANGES) ▶	DATE
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